

HCV COUNSELING INFORMATION FORM

Client Identifier: _____ Site Name: _____

HCV Test Result: ☐ Positive ☐ Negative ☐ Inconclusive ☐ Declined Confirmed by: ☐ RIBA ☐ PCR ☐ Not Confirmed

Risk Assessment Date: _____ Counselor Name: _____

Disclosure Date: _____ ☐ No Disclosure Counselor Name: _____Referral Given: ☐ Yes ☐ No If YES, List Referral Site: _____**CLIENT INFORMATION****Ethnicity**

- ☐ Hispanic/Latino
☐ Non-Hispanic/Non-Latino

Race

- ☐ African American/Black
☐ Asian/Pacific Islander
 ☐ Asian-Indian ☐ Japanese ☐ Korean
 ☐ Cambodian ☐ Chinese ☐ Laotian
 ☐ Filipino ☐ Samoan ☐ Guamanian
 ☐ Vietnamese ☐ Hawaiian
☐ Native American/Alaskan Native
☐ White
☐ Other _____ ☐ Decline

Age: _____

Gender and pregnancy:

- ☐ Male ☐ Female
☐ Transgendered ☐ Pregnant Female

County of residence: _____

Residence Zip Code: _____

Are you homeless? ☐ Yes ☐ No ☐ Decline

Have you ever served in the military?

☐ Yes ☐ No ☐ Decline

If YES, did you serve in Vietnam?

☐ Yes ☐ No ☐ Decline**HEPATITIS HISTORY**

Had you been tested for HCV in the past?

☐ Yes ☐ No ☐ Decline

If YES, approx. date of last test: ____/____(mm/yy)

Last test result:

- ☐ Positive ☐ Negative ☐ Inconclusive
☐ Unknown ☐ Did not return for results

Have you ever had or been vaccinated for:

HAV ☐ Yes ☐ No ☐ Unknown ☐ DeclineHBV ☐ Yes ☐ No ☐ Unknown ☐ Decline**OPTIONAL DATA**

Item 1 _____ Item 3 _____

Item 2 _____ Item 4 _____

HCV RISK HISTORYHave you ever used any of the following drugs or substances? ☐ Yes ☐ No ☐ Decline

Mark ALL that apply. If YES, did you ever inject?

- ☐ Alcohol ☐
☐ Heroin ☐
☐ Crack ☐
☐ Amphetamine ☐
☐ Cocaine ☐
☐ Vitamins ☐
☐ Steroids ☐
☐ Hormones ☐
☐ Other _____ ☐

If you have ever injected:

Did you ever share needles?

☐ Yes ☐ No ☐ Decline

Did you ever share other injection equipment?

☐ Yes ☐ No ☐ Decline

Have you ever used a needle exchange program?

☐ Yes ☐ No ☐ Decline

Have you ever:

Received any blood/blood product before 1992 or at any time in another country?

☐ Yes ☐ No ☐ Decline

Had blood-to-blood exposure on the job (e.g., needle-stick)?

☐ Yes ☐ No ☐ Decline

Been on long-term hemodialysis?

☐ Yes ☐ No ☐ Decline

Had sex with an HCV+ partner?

☐ Yes ☐ No ☐ Unknown ☐ Decline

Had a non-professional tattoo/piercing?

☐ Yes ☐ No ☐ Decline

Shared a razor, toothbrush, or clippers with an HCV+ person?

☐ Yes ☐ No ☐ Unknown ☐ Decline

Shared snorting equipment (e.g., straws)?

☐ Yes ☐ No ☐ Decline

Been the child born of an HCV+ mother?

☐ Yes ☐ No ☐ Decline

Had any other blood exposure not mentioned above?

☐ Yes ☐ No ☐ Decline

If YES, please explain: _____

Counselor Notes: _____

continued on back.